## -20-6 : 40 : 44 : 0M : 00-02549

FE7AN014

FEC FORM 3X

## REPORT OF RECEIPTS **AND DISBURSEMENTS**For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 OCT 11 AM 9: 53

										OSE OHIY	
1.	NAME (	OF ITEE (in full)	TYPE OR PRI	NT ¥	Example over the	e: If typir e lines.	ng, type	12FE	E4M5		
BRAIN SLUG PAC											1
ADDRESS (number and street) 6409 ROCKREST COURT											
	tha	eck if different n previously orted. (ACC)	LRALEIG	H <sub></sub>		1 1 1		NC.	276	12	
2.	FEC ID	ENTIFICATION N	UMBER ▼	CIT	Y <b>A</b>			STATE A	<u> </u>	ZIP CO	DE A
	Coc	583468			THIS EPORT	101	NEW N) <b>OR</b>		AMENDEI (A)	)	
4.	TYPE (Choose	OF REPORT One)	(b) Monthly Report	LI, S	20 (M2)		May 20 (M5)		Aug 20 (M8		Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	arterly Reports:	Due Or	Mar	20 (M3)		Jun 20 (M6)		Sep 20 (M9		Dec 20 (M12) (Non-Election Year Only)
	П	April 15		Apr	20 (M4)		Jul 20 (M7)		Oct 20 (M10	) [	Jan 31 (YE)
		Quarterly Report ( July 15	(C) . 12	-Day <b>≀E</b> -Election	Prir	mary (12F	°) [	Ge	neral (12G)		Runoff (12R)
	Ž	Quarterly Report ( October 15	(2)   .	eport for the:	Cor	nvention (	12C)	Sp	ecial (128)		
		Quarterly Report ( January 31 Year-End Report (		Electio	n on	N N /	י פֿייַ פֿ	Y # Y #	Y • Y	in the State o	of
		July 31 Mid-Year Report (Non-electi Year Only) (MY)	on Pe	D-Day	Ge	neral (300	G)	Ru	noff (30R)	0	Special (30S)
		Termination Repor (TER)		eport for the: Electio	n on	N N /	8 6 (	Y • Y •	Y * Y	in the State of	of
5. Covering Period 07 01 2016 through 09 30 72016											
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.											
Type or Print Name of Treasurer BRENDAN R. DILLON											
Signature of Treasurer South Signature of Treasurer Date 10 01 2016											
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109											
-	1	ffice Jse							FE	C FOF Rev. 12/2	_